

Physician or Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99822

Office of Registrar of Vital Statistics.

Ward

12th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1887

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Charlie Benson Col (Mother)

Sex, ~~Male~~ or Female, ^{Cross out the word not required in this line.}

Age, ~~25~~ Years, Months, 1¹/₂ Days.

Color, Mulatto

Married, Single, Widow or Widower, ^{Cross out the words not required in this line.}

Occupation,

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} # 1551 Argyle Ave #

Duration of Residence in the City of Baltimore,

Place of Death, ^{Give Street and Number.} St. Vincent Infant Asylum

Cause of Death, ^{First (Primary),} Hemorrhage from Umbilical Cord
^{Second (Immediate),} Ill treatment & neglect of Mother

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, May 16. 1887

Undertaker, John Masterson

Place of Business, Division St. Address, L. S. Spanow M. D. Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99823 Office of Registrar of Vital Statistics.

Ward 15

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CERTIFICATE OF DEATH.

Date of Death, 15 May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Theresa Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, X Months, X Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prussian Poland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, { Give Street and Number. } 628 Light St.

Cause of Death, { First (Primary), Second (Immediate), } Intermittent Fever
acute cerebral congestion with
convulsions.

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden Street Hebrew Congregation Cemetery

Date of Burial, May 17th, 1887

Undertaker, Isaac Altfeld

Place of Business, 188 W. High Address, 313 N. Charles St.

B. F. Leonard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

99824 Health Department, City of Baltimore.

Permit No. *99*

Office of Registrar of Vital Statistics.

Ward *3d*

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CERTIFICATE OF DEATH.

Date of Death, *May 14th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Fredrick Clitt.*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *38* Years, — Months, — Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Painter*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *always*

Place of Death, { Give Street and Number. } *Baltimore University Hospital N. Bond 23. 25. 27*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis.*
Asphyxia

Duration of Last Sickness, *Unknown*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel Curo*

Date of Burial, *May 16. 1881*

Undertaker, *H. C. Sander & Son* *H. L. Henry* M. D.

Medical Attendant.

Place of Business, *1710 Canton* Address, *Baltimore University N. Bond*

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[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99825* Office of Registrar of Vital Statistics.

Ward *132*

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CERTIFICATE OF DEATH.

Date of Death, *May 16th 1887*

Full Name of Deceased, *Christena Wiedemann*

Sex, ~~Male~~ or Female, *Female*

Age, *55* Years, _____ Months, _____ Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, _____

Occupation, _____

Birth Place, *Germany.*

Duration of Residence in the City of Baltimore, *37 yrs.*

Place of Death, *126 Calender ally.*

Cause of Death, *Pneumonia*
Hemorrhage.

Duration of Last Sickness, *2 wks.*

All the above information should be furnished by the Physician.

Place of Burial, *David Hill Park*

Date of Burial, *May 18th*

Undertaker, *Andrew Rohde*

Place of Business, *730 Penna Ave* Address, *814 W Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99826 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 15th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Pipitone.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 7 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life residence

Place of Death, { Give Street and Number. } No. 1818 Mc Culloch St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia.

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bree Cem.

Date of Burial, May 17th 1887

Undertaker, H. Lewis Schaefer John W. Knight M. D. Medical Attendant.

Place of Business, 316 N. Fremont Address, 414 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS, BALTIMORE CITY, MD 21201. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99827 Office of Registrar of Vital Statistics.

Ward 17²

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CERTIFICATE OF DEATH.

Date of Death, May 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Dorband

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 40 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 1520 Baking Oven Battery

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, West National Cemetery

Date of Burial, May 17 1887

Undertaker, Geo Geimlach Thermond C. C. M. D. Medical Attendant.

Place of Business, 647 N. Pratt St. Address, 178 Hampden St.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99828 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an Infant
not named, give names
of parents. }

Sex, Male ~~or Female~~, { Cross out the word not }
 { required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth.

Duration of Residence in the City of Baltimore.

Place of Death, { Give Street and }
Number.

Cause of Death, } First (Primary),
 } Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Shaw St. Cemetery*

Date of Burial, May 17th 1887

(Undertaker, 176 Roks)

Place of Business, Cornwall St.

Spencer H. Vree M. D.
Medical Attendant.

Address 412 Hancock St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 99829 Office of Registrar of Vital Statistics. Ward 20th

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CERTIFICATE OF DEATH.

Date of Death, May 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Gordon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 24 Years, 0 Months, 0 Days.

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single ✓

Occupation, Salver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Less years

Place of Death, { Give Street and Number. } No 11 ~~Little~~ St (old No)

Cause of Death, { First (Primary), Second (Immediate), } Unknown
Bilious fever
One month

Duration of Last Sickness, One month
All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 17th 1887

{ Undertaker, William Dungee } Benj H Bohm M. D.
Medical Attendant.

{ Place of Business, 180 East St } Address, Cor Mulberry & Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99830 Office of Registrar of Vital Statistics.

Ward 9th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leander Wilson
Male

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

37

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Hoseller -
Maryland

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Twenty five years

Place of Death,

{ Give Street and Number. }

Hamilton St near St Paul St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Fibular disease of heart
Over a year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem.

Date of Burial,

May 17th 1887

Undertaker,

William Druce

Medical Attendant.

Place of Business,

150 East St Address.

M. D.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99831 Office of Registrar of Vital Statistics. Ward 7

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CERTIFICATE OF DEATH.

Date of Death, Annie Grossman May 16/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Grossman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years, white Months, 7 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, City

Place of Death, { Give Street and Number. } 1108 Central ave

Cause of Death, { First (Primary), Dentition Second (Immediate), Tuber. Meningitis }

Duration of Last Sickness, about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, May 18, 1887

{ Undertaker, Henry Hoenes } J. R. Warner M. D. Medical Attendant.

{ Place of Business, 1023 Central ave } Address, 1123 Valley St

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[OVER.]